INFECTIOUS DISEASE

New guidelines for severe respiratory infections

Health Canada's new guidelines for handling severe respiratory infections (SRIs) in the SARS post-outbreak period are being heralded as "striking the right balance." A critic of how SARS was handled, Dr. Richard Schabas, chief of staff at York Central Hospital, says Health Canada is finally getting it right.

The new guidelines (**www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/sri.html**) offer detailed case definitions, surveillance processes and laboratory testing protocols.

The director of Health Canada's division of immunization and respiratory diseases says the guidelines are more rigorous than those proposed by the World Health Organization (WHO). "We took these above and beyond what was requested," says Dr. Arlene King. "In addition to looking for clusters as proposed by the WHO, we will also be looking for individual cases" (see sidebar).

Schabas said the new guidelines offer the right level of surveillance, as long as there is no evidence of SARS activity. "In 6 months to a year, we might be able to reduce the level."

The guidelines aim to make physicians alert to the possibility of SARS but cautious about ordering laboratory tests for SARS-associated coronavirus (SARS-CoV) unless there is a clear indication. Before ordering such tests physicians are asked to:

- *Think* about the possibility of SARS
- *Tell* the local medical officer of health
- *Test* for SARS-CoV only after appropriate consultation.

King noted that the new guidelines can be readily adapted to other severe respiratory infections, such as a pandemic influenza which "could be as nasty and more far reaching than SARS." — *Allison Gandey*, CMAJ

Surveillance criteria for sporadic cases of severe respiratory infection

Included in Health Canada's new guidelines for the surveillance of severe respiratory infections (SRIs) in the SARS post-outbreak period are the following criteria for detecting a potential epidemiologic link among patients admitted to hospital with an SRI.*

It is recommended that all provinces and territories implement, at a minimum, hospital-based surveillance for sporadic cases of SRI meeting the following case definition:

A person *admitted to hospital* with:

1. Respiratory symptoms (i.e., fever [> 38°C] AND cough or breathing difficulty).
   AND
2. Radiographic evidence consistent with SRI (i.e., radiographic evidence of infiltrates consistent with pneumonia or respiratory distress syndrome).
   AND
3. No alternative diagnosis within the first 72 hours after admission to hospital (i.e., results of preliminary clinical and/or laboratory investigations, within the first 72 hours of admission, cannot rule out SARS or other emerging respiratory pathogen).
   AND
4. One or more of the following exposures or conditions:
   - Residence, recent travel or a visit to a designated zone of emergence/re-emergence (currently China, including the mainland, Taiwan Province and Hong Kong) within the 10 days before the onset of symptoms; OR close contact (including health care providers) of a symptomatic person who has been to a potential zone of emergence/re-emergence within the 10 days before the onset of symptoms.
   - The admitted person is a laboratory worker handling live SARS-associated coronavirus.

*Criteria for the surveillance of SRIs among deceased people and for investigating clusters of SRI cases in acute care facilities are available in the complete set of Health Canada guidelines (www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/sri.html#es).